

CERTIFICATE OF MAILING

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Name (Print/Type)	Susan M. Alessi	Signature	<i>Susan M. Alessi</i>	Date	12-03-2001
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TRANSMITTAL

☒ Small Entity ☐ Large Entity

Application Number	09/509,591
Confirmation Number	unassigned
Filing Date	June 2, 2000
First Named Inventor	Little et al.
Examiner	P. Brunovskis
Group Art	1632
Attorney Docket No.	CELL006CIP

ENCLOSED:	Claims	No. of claims as filed or after amendment	Most claims previously paid for	# Extra Claims	Rate	Totals
<input checked="" type="checkbox"/> Response to Restriction Election	Total					\$ -
<input checked="" type="checkbox"/> 37 CFR § 1.142	Independent					\$ -
<input checked="" type="checkbox"/> Pages 2	Multiple					
Total Extra Claim Fees						\$ -

☒ Applicants Petition for an Extension of time from 11-02-2001 to 12-02-2001 Fee \$55.00

A _ month extension was previously filed and paid for thereby reducing the basic fee

☐ Response to File Missing Parts (with copy of formalities letter)

<input type="checkbox"/> Filing Fee	Pages	Fee	
<input type="checkbox"/> Executed Declaration		Surcharge Fee	
<input type="checkbox"/> Other		Fee	
		Fee	
		Fee	
		Fee	
Subtotal			\$ -

☐ Information Disclosure Statement

<input type="checkbox"/> PTO Form 1449	Pages	Fee	
<input type="checkbox"/> _____ Copies of Cited References			
<input type="checkbox"/> Other			
Subtotal			\$ -

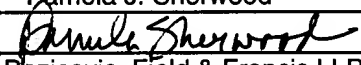
☐ Response to Notice to Comply (with copy of Notice to Comply)

<input type="checkbox"/> Sequence Listing Certification	Pages	Fee	
<input type="checkbox"/> Paper Copy of Sequence Listing			
<input type="checkbox"/> Diskette in computer-readable format			
<input type="checkbox"/> Other			

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JAN 22 2002

1632
A-15
123
\$2
\$7.


<input type="checkbox"/> Terminal Disclaimer		Fee	
<input type="checkbox"/> Appeal to Board of Appeals and Appeal Communication to Group			
<input type="checkbox"/> Notice of Appeal	Pages		Fee
<input type="checkbox"/> Appeal Brief in Triplicate	Pages		Fee
<input type="checkbox"/> Reply Brief	Pages		Fee \$ -
			Subtotal \$ -
<input type="checkbox"/> Other Enclosures and/or Fees		Fee	
<input type="checkbox"/> Change of Correspondence Address			
<input checked="" type="checkbox"/> Return Receipt Postcard		TOTAL FEES \$55.00	
The Commissioner is authorized to charge any fees which may be required, or credit any overpayment to Deposit Account 50-0815. If additional fees are required, including extensions of time, please consider this a petition therefore. A duplicate copy of this transmittal is enclosed.			
SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED			
Name (Print/Type)	Pamela J. Sherwood		Registration No. 36,677
Signature			Date 12-03-2001
Firm Name	Bozicevic, Field & Francis LLP	Address	200 Middlefield Road, Suite 200
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		zip	94025
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The Commissioner is hereby authorized to charge any other fees under 37 C.F.R. §§ 1.16 and 1.17 which may be required by this paper, or to credit any overpayment, to Deposit Account No. 50-0815, order number CELL006CIP.

Respectfully submitted,

Date: December 3, 2001

By: 
Pamela J. Sherwood, Ph.D.
Registration No. 36,677

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